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US PATENT OFFICE

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SERIAL NUMBER	FILING DATE	FIRST NAMED APPLICANT	ATTORNEY DOCKET NO.
10/083,178			

EXAMINER	
ART UNIT	PAPER NUMBER
DATE MAILED:	

INFORMALITY REPAYMENT OF FEE

The informality regarding the payment of the fee in connection with ☐ the original filing fee ☐ the amendment filed 9/30/04 is indicated below.

A. FEE DUE

1. ☐ The amendment is considered incomplete in that the funds in Deposit Account No. _____ are insufficient to cover the entire fee due. The balance is due within the period set below.
2. ☐ The amendment is considered an incomplete response, in that payment of \$ _____ is insufficient to cover the claims as shown in the attached Patent Application Fee Determination Record. Remittance is due within the period set below.
3. ☐ The amendment has not been entered, since applicant has failed to remit (or authorize charge to a Deposit Account) the fee as indicated on the attached Patent Application Fee Determination Record. Remittance or authorization is due within the period set below.
4. ☐ The filing fee of \$ _____ submitted in this application is insufficient.
A balance of \$ 43.00 is due for additional claims.
5. ☐

APPLICANT IS GIVEN THE REMAINDER OF THE SET PERIOD FOR RESPONSE.
10 DAYS (1) MONTH FROM THE DATE OF THIS LETTER, WHICHEVER IS LONGER,
WITHIN WHICH TO REMIT THE FEE OF \$ 43.00.

04/27/2005 SHORELAN 00000005 503116

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B. EXCESS PAYMENT:

5. ☐ It is noted that payment of \$ _____ is in excess of the amount necessary to cover the claims now in the application. See the attached Patent Application Fee Determination Record.
This matter of refund or credit to your account is being referred to the Finance Officer, for his consideration.

Shirley Haller
CLERK OF COURT

PTOL-319 (REV. 3-81)

USCOM-DC 43-5550-01

Dec 28 04 11:38a

Robert J. Lauson

310-546-8171

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FAX MESSAGE

DATE: December 28, 2004

FAX NUMBER: (703) 872-9306

PLEASE HAND DELIVER TO:

NAME: Examiner Nguyen

COMPANY: PTO Art Unit 3635

FROM: Bob Lauson

RE: Walburger 10/083,178

TOTAL PAGES (INCLUDING COVER SHEET): 4

Responsive to the fee deficiency notice (copy attached), please charge \$43 to deposit account no. 50-3116.

Additionally attached is a power of attorney/change of address correcting the customer number.

We look forward to receiving an action responsive to the amendment filed about august 30, 2004.
Thanks.

PLEASE CALL (310) 546-8170 IF THIS TELECOPY MESSAGE IS INCOMPLETE OR ILLEGIBLE.

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